

Declaration and Power of Attorney

Docket Number

85084

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Application Information

Declaration Submitted	<input type="checkbox"/> With Initial Filing	<input checked="" type="checkbox"/> After Initial Filing (surcharge (37 CFR 1.16 (f)) required)
First Named Inventor	Steven Jones	
Application Number	10/522,134	
Filing Date	August 29, 2005	
Art Unit		
Examiner Name		
Express Mail Label #		

Declaration

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Recombinant Vesicular Stomatitis Virus Vaccines for Viral Hemorrhagic Fevers

the specification of which ☐ is attached hereto ☒ was filed on (MM/DD/YYYY) 08/29/2005
as United States Application Number or PCT International Application Number 10/522,134
and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Authorization To Permit Access to Application by Participating Offices

- ☐ If checked, the under signed hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified patent application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, WIPO or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the above-identified patent application with respect to: 1) the above-identified patent application-as-filed, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application, and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

Declaration and Power of Attorney

Docket Number

85084

Domestic Information

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Application Number(s)	Filing Date (MM/DD/YYYY)
60/398,552	07/26/2002		

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number(s)	Filing Date (MM/DD/YYYY)	Status*	Application Number(s)	Filing Date (MM/DD/YYYY)	Status*

*Status can be either Patented, Pending or Abandoned

Declaration and Power of Attorney

Docket Number

85084

Foreign Priority Information

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached?	
				Yes	No
PCT/CA2003/001125	PCT	07/28/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Power of Attorney

I hereby revoke all previous powers of attorney given in the application identified above.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23529

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications filed on my/our behalf.

Declaration and Power of Attorney

Docket Number

85084

Please direct all correspondence to:

Customer Number 23529

-OR-

Name

Address

City

State

Country

Postal Code

Phone Number

E-mail Address


Inventor Information

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

First Named Inventor

Name	Steven Jones		
Primary Citizenship	British	City of Residence	Winnipeg
State of Residence	Manitoba	Country of Residence	Canada
Mailing Address	1015 rue Arlington Piece T2420 Winnipeg Manitoba Canada R3E 3P6		
City	Winnipeg	State/Province	Manitoba
Country	Canada	Postal Code	R3E 3P6
Signature		Date	

Second Named Inventor

Name	Heinz Feldmann		
Primary Citizenship	Germany	City of Residence	Hamilton
State of Residence	Montana	Country of Residence	USA
Mailing Address	110 Mosey Lane		
City	Hamilton	State/Province	Montana
Country	United States of America	Postal Code	59840
Signature		Date	03 - FEB - 2011

Declaration and Power of Attorney

Docket Number

85084

Third Named Inventor

Name	Ute Strocher		
Primary Citizenship	Germany	City of Residence	Wianipeg
State of Residence	Manitoba	Country of Residence	Canada
Mailing Address	1015 rue Arlington Piece T2420		
City	Winnipeg	State/Province	Manitoba
Country	Canada	Postal Code	R3E 3P6
Signature		Date	

Fourth Named Inventor

Name			
Primary Citizenship		City of Residence	
State of Residence		Country of Residence	
Mailing Address			
City		State/Province	
Country		Postal Code	
Signature		Date	

Fifth Named Inventor

Name			
Primary Citizenship		City of Residence	
State of Residence		Country of Residence	
Mailing Address			
City		State/Province	
Country		Postal Code	
Signature		Date	